

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Takujji Nishide

Serial No: 10/563,488

Filed: May 11, 2006

Confirmation No.: 8234

For: STENT TO BE PLACED IN VIVO

Art Unit: 3738

Examiner: Cheryl L. Miller

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-20	19 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-3	2 ***	0	LG=\$210 SM=\$105	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
Independent Claims: 1, 8						TOTAL \$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed.☐ A check in the amount of \$ 0 to cover the extension fee is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By: 

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Date: September 11, 2008

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